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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BL VORISEK

NOV 29 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STATSEEKER, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOHN SIRIANNI

Name of Person

STATSEEKER, INC.

Firm/Company

5857 OWENS AVENUE, SUITE 30

Address

CARLSBAD, CA 92008

City/State and Zip code

STATSEEKER@MYOPSMANAGER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEB BEDDOE

760 603-1800

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

STATSEEKER, INC. ✓

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE ✓ 3. 47-3764175
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 6, 2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. August 26th, 2018

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5857 OWENS AVE, SUITE 300, CARLSBAD, CA 92008
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Camille Silva
Assistant Vice President

Camille Silva

(Registered agent's signature)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: KARL JACOBY
5857 OWENS AVENUE, SUITE 300
Address: CARLSBAD, CA 92008

Vice Chairman: _____
Address: _____

Director: DAVID WILSON
5857 OWENS AVENUE, SUITE 300
Address: CARLSBAD, CA 92008

Director: ANDREW CAMPBELL
5857 OWENS AVENUE, SUITE 300
Address: CARLSBAD, CA 92008

B. OFFICERS

President: JOHN SIRIANNI
5857 OWENS AVENUE, SUITE 300
Address: CARLSBAD, CA 92008

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. *John Sirianni*
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. JOHN SIRIANNI, CEO
(Typed or printed name and capacity of person signing application)


Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STATSEEKER, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STATSEEKER, INC." WAS INCORPORATED ON THE SIXTH DAY OF APRIL, A.D. 2015.


Jeffrey W. Bullock, Secretary of State

5723098 8300

SR# 20186401921

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203330229

Date: 08-29-18